



## Barrington Recreation Department



### April Vacation Programs Registration Form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

*Programs presented by Gary Deslaurier of Professor Gizmo's Workshop and the University of Rhode Island School of Oceanography.*

*If you sign up for two or more of the workshops offered through Professor Gizmo's Workshop, take **10%** off the total cost!*

Program	Session	Cost	Please check
MODEL ROCKETRY WORKSHOP	April 13 <sup>th</sup> 9 – 10:30am, Barrington Middle School	\$115 total (registration and materials fees)	
KITE BUILDERS WORKSHOP	April 13 <sup>th</sup> 11am – 12:30pm, Barrington Beach	\$110 total (registration and materials fees)	
JET RACECAR WORKSHOP	April 13 <sup>th</sup> 1 – 2:30pm, Barrington Middle School	\$110 total (registration and materials fees)	
EXPLORING BARRINGTON BEACH* with URI Oceanographic Naturalists	April 13 <sup>th</sup> (session 1) April 14 <sup>th</sup> (session 2) 1 – 3pm (both sessions) Barrington Beach	\$30 per session	

\* Please indicate which session the child is registered for

**TOTAL:** \_\_\_\_\_

I, the parents / guardian of the above child, hereby give my approval for his/her participation in class activities during the Barrington Recreation Department's 2009 April Vacation Programs. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and hereby waive, release, absolve, indemnify, and agree to hold harmless all individuals responsible for the conduct or activity involving my child. Also, I understand that registrations for children requiring special attention are reviewed on a case-by-case basis with the Recreation and Program Directors. I understand that the Recreation Department Staff does not receive specialized training for various special needs, but will work with individuals as appropriate. I will provide as much detail as possible, including any physical/emotional needs or medications involved so that the staff will be able to provide a positive experience for each student.

**Signature** (Parent / Guardian) \_\_\_\_\_

Please note, if programs do not reach at least 75% enrollment, they will be cancelled and the fees will be refunded. Please return this form, along with payment to the Recreation Department, 281 County Road, during office hours, 9am-12pm, before April 8<sup>th</sup>.

**AMOUNT PAID** \_\_\_\_\_ **CHECK #** \_\_\_\_\_ **CASH** \_\_\_\_\_ **receipt #** \_\_\_\_\_

Please make checks payable to "Gary Deslaurier" for Model Rocketry, Kite and Jet Racecar Workshops  
Please make a separate check payable to "Town of Barrington" for Exploring Barrington Beach with URI